

DECLARATION FOR UNITED STATES PATENT DECLARATION AND POWER OF ATTORNEY

File 5/2/99
Signed

As a below named inventor, I hereby declare that:
My residence, post office address and citizenship are as stated below next to my name; that
I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and
joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is
sought on the invention entitled: OPTICAL FILTER AND OPTICAL DEVICE PROVIDED WITH
THIS OPTICAL FILTER

described and claimed in the specification:

Check one

- *a. ☒ attached hereto.
b. ☐ filed on _____ as Application No. _____ and amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including
the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as
defined in Title 37, Code of Federal Regulations, §1.56.

Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) and/or United States
provisional application(s) filed within one year prior to this application are hereby claimed:

Japanese Patent Application No.10-101822 filed March 31,1998
Japanese Patent Application No.10-197610 filed July 13,1998
Japanese Patent Application No.11-18596 filed January 27,1999

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to
the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the
above-named foreign priority application(s) and/or United States provisional application(s):

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to
prosecute this application and to transact all business in the Patent Office:

James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024;
Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 30,411;
Edward P. Walker, Reg. No. 31,450; Robert A. Miller, Registration No. 32,771 and
Mario A. Costantino, Registration No. 33,565.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF &
BERRIDGE, P.L.C., P.L.C., P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements
made herein of my own knowledge are true and that all statements made on information and belief are believed to be
true; and further that these statements were made with the knowledge that willful false statements and the like so made
are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that
such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1	Typewritten Full Name of First or Sole Inventor	<u>Keiji</u>	<u>OSAWA</u>
		Given Name	Family Name
2	**Inventor's Signature:	<u>Keiji</u>	<u>Osawa</u>
3	**Date of Signature:	<u>Mar.</u>	<u>29</u> <u>1999</u>
		Month	Day Year
	Residence:	<u>Chūou-ku</u>	<u>TOKYO</u> <u>JAPAN</u>
		City	State or Province Country
	Citizenship:	<u>Japan</u>	
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*If Box (a.) is checked, this form may be executed only when attached to the specification (including claims).

**Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE ☒

105/2000

1 **Typewritten Full Name**

of Second Joint Inventor (if any)

Kiyoshige

SHIBAZAKI

Given Name

Middle Initial

Family Name

2 ****Inventor's Signature:**

Kiyoshige

Shibazaki

3 ****Date of Signature:**

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29

1999

Month

Day

Year

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1 **Typewritten Full Name**

of Third Joint Inventor (if any)

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2 ****Inventor's Signature:**

3 ****Date of Signature:**

Month

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Year

Residence:

City

State or Province

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Citizenship:

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 (Insert complete
 mailing address,
 including country)

1 **Typewritten Full Name**

of Fourth Joint Inventor (if any)

Given Name

Middle Initial

Family Name

2 ****Inventor's Signature:**

3 ****Date of Signature:**

Month

Day

Year

Residence:

City

State or Province

Country

Citizenship:

Post Office Address:
 (Insert complete
 mailing address,
 including country)

1 **Typewritten Full Name**

of Fifth Joint Inventor (if any)

Given Name

Middle Initial

Family Name

2 ****Inventor's Signature:**

3 ****Date of Signature:**

Month

Day

Year

Residence:

City

State or Province

Country

Citizenship:

Post Office Address:
 (Insert complete
 mailing address,
 including country)

Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form of the application to which it pertains.